

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,542

FILING DATE

09-19-06

APPLICANT(S)

CLAIMS

	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1-		
3		1-		
4		1-		
5	a			
6	c			
7		1-		
8	c			
9	c			
10		1-		
11		1-		
12	b			
13				
14		1-		
15	c			
16	c			
17		1-		
18	1			
19		1-		
20		1-		
21		1-		
22	c			
23				
24		1-		
25		1		
26		1-		
27	c			
28	c			
29		1-		
30		1-		
31	c			
32	c			
33		1		
34	c			
35	c			
36		1-		
37		1-		
38		1-		
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	2	↓		↓
TOTAL DEP.	20	←	←	←
TOTAL CLAIMS	22	[]	[]	[]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS		[]	[]	[]	[]	[]